

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/15/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2011	
NAME OF PROVIDER OR SUPPLIER RIVER CROSSING INDEPENDENT ASSISTED LIVING COMMUN				STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MARKET STREET CHARLESTOWN, IN47111			
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R0000	<p>This visit was for the Investigation of Complaint IN00094497.</p> <p>Complaint IN00094497 -- Substantiated. State deficiencies related to the allegation are cited at R045</p> <p>Survey date: August 30, 2011</p> <p>Facility number: 012007 Provider number: 012007 AIM number: NA</p> <p>Survey Team: Avona Connell, RN TC Donna Groan, RN</p> <p>Census bed type: Residential: 69 Total: 69</p> <p>Census payor type: Other: 69 Total: 69</p> <p>Sample: 05</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review 8/31/11 by Suzanne Williams, RN</p>			R0000	<p>All corrections contained within this plan of correction will be completed no later than September 19, 2011. River Crossing asks that this Plan of Correction be used as a statement of credible allegation of compliance with all rules and regulations pertaining to this survey and related documents.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0045	<p>(6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following:</p> <p>(A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident 's clinical record and transmit a copy to the following:</p> <p>(i) The resident.</p> <p>(ii) A family member of the resident if known.</p> <p>(iii) The resident 's legal representative if known.</p> <p>(iv) The local long term care ombudsman program (for involuntary relocations or discharges only).</p> <p>(v) The person or agency responsible for the resident 's placement, maintenance, and care in the facility.</p> <p>(vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions.</p> <p>(vii) The resident 's physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F).</p> <p>(B) Record the reasons in the resident 's clinical record.</p> <p>(C) Include in the notice the items described in subdivision (9).</p> <p>(7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged.</p> <p>(8) Notice may be made as soon as practicable before transfer or discharge when:</p> <p>(A) the safety of individuals in the facility would be endangered;</p> <p>(B) the health of individuals in the facility</p>						

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	<p>would be endangered;</p> <p>(C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge;</p> <p>(D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or</p> <p>(E) a resident has not resided in the facility for thirty (30) days.</p> <p>(9) For health facilities, the written notice specified in subdivision (7) must include the following:</p> <p>(A) The reason for transfer or discharge.</p> <p>(B) The effective date of transfer or discharge .</p> <p>(C) The location to which the resident is transferred or discharged.</p> <p>(D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " .</p> <p>(E) The name of the director and the address, telephone number, and hours of operation of the division.</p> <p>(F) A hearing request form prescribed by the department.</p> <p>(G) The name, address, and telephone</p>						

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	<p>number of the state and local long term care ombudsman.</p> <p>(H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.</p> <p>Based on record review and interview, the facility failed to ensure the resident received notice of the transfer/discharge in writing on a state form prior to leaving the facility, for 3 of 3 closed records of residents discharged to the hospital reviewed in a sample of 5. (Resident C, D, E)</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The clinical record for Resident D was reviewed on 8/30/11 at 1:40 p.m. The resident's diagnoses included, but were not limited to, congestive heart failure and hypertension. The resident was transferred to the hospital on 1/19/11 for complaints of neck pain after a fall. Documentation was lacking of a Notice of Transfer/Discharge form explaining the reason for the transfer in writing. 2. The clinical record for Resident E was reviewed on 8/30/11 at 2:15 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive lung disease and hypertension. The resident was transferred to the hospital on 2/20/11 for chest pain, 2/17/11 for shortness of air and increased swelling in legs and on 2/12/11 for chest pain. Documentation was lacking of a Notice of Transfer/discharge form explaining the reason for the transfer in writing 			R0045	<p>The state prescribed form will be distributed to residents on all interfacility transfers and discharges with the reason written in a manner the resident will understand. This form will be distributed to the resident and family member/guardian as prescribed by the rule. The facility's transfer protocol form has been updated to include the distribution of this form. In addition, all nurses and QMA's will be inserviced on the use of this form. The Administrator, Clinical Director or designee will audit three transfers per week (should there be less than three transfers in the week, then all transfers will be audited) for the remainder of the year to assure the new protocol is accomplished. All corrections will be accomplished no later than September 19, 2011.</p>		09/19/2011

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	<p>On 8/30/11 at 2:53 p.m., the Clinical Director indicated "No discharge notice was given to the residents."</p> <p>3. The clinical record for Resident C was reviewed on 8/30/11 at 1:45 p.m. The resident's diagnoses included, but were not limited to hypertension (high blood pressure) diabetes (uncontrolled blood sugar) and cerebral vascular accident (stroke). The resident was transferred to a hospital emergency room on 06/08/11.</p> <p>Documentation was lacking of a notice of transfer/discharge form being sent with the resident at the time of transfer explaining the reason for the transfer in writing.</p> <p>This state finding relates to complaint IN00094497.</p>				